

STATE OF ILLINOIS)
)
COUNTY OF _____)

**ILLINOIS WORKERS' COMPENSATION COMMISSION
19(b) ARBITRATION DECISION**

Case # _____ WC _____

Employee/Petitioner

v.

Employer/Respondent

An Application for Adjustment of Claim was filed in this matter, and a *Notice of Hearing* was mailed to each party. The matter was heard by the Honorable _____, arbitrator of the Commission, in the city of _____, on _____. After reviewing all of the evidence presented, the arbitrator hereby makes findings on the disputed issues checked below, and attaches those findings to this document.

DISPUTED ISSUES

- A. Was the respondent operating under and subject to the Illinois Workers' Compensation or Occupational Diseases Act?
- B. Was there an employee-employer relationship?
- C. Did an accident occur that arose out of and in the course of the petitioner's employment by the respondent?
- D. What was the date of the accident?
- E. Was timely notice of the accident given to the respondent?
- F. Is the petitioner's present condition of ill-being causally related to the injury?
- G. What were the petitioner's earnings?
- H. What was the petitioner's age at the time of the accident?
- I. What was the petitioner's marital status at the time of the accident?
- J. Were the medical services that were provided to petitioner reasonable and necessary?
- K. What amount of compensation is due for temporary total disability?
- L. Should penalties or fees be imposed upon the respondent?
- M. Is the respondent due any credit?
- N. Other _____

FINDINGS

- On _____ , the respondent _____ operating under and subject to the provisions of the Act.
- On this date, an employee-employer relationship _____ exist between the petitioner and respondent.
- On this date, the petitioner _____ sustain injuries that arose out of and in the course of employment.
- Timely notice of this accident _____ given to the respondent.
- In the year preceding the injury, the petitioner earned \$ _____ ; the average weekly wage was \$ _____ .
- At the time of injury, the petitioner was _____ years of age, _____ with _____ children under 18.
- Necessary medical services _____ been provided by the respondent.
- To date, \$ _____ has been paid by the respondent for TTD and/or maintenance benefits.

ORDER

- The respondent shall pay the petitioner temporary total disability benefits of \$ _____ /week for _____ weeks, from _____ through _____ , as provided in Section 8(b) of the Act, because the injuries sustained caused the disabling condition of the petitioner, the disabling condition is temporary and has not yet reached a permanent condition, pursuant to Section 19(b) of the Act.
- The respondent shall pay \$ _____ for medical services, as provided in Section 8(a) of the Act.
- The respondent shall pay \$ _____ in penalties, as provided in Section 19(k) of the Act.
- The respondent shall pay \$ _____ in penalties, as provided in Section 19(l) of the Act.
- The respondent shall pay \$ _____ in attorneys’ fees, as provided in Section 16 of the Act.
- In no instance shall this award be a bar to subsequent hearing and determination of an additional amount of temporary total disability, medical benefits, or compensation for a permanent disability, if any.

RULES REGARDING APPEALS Unless a party files a *Petition for Review* within 30 days after receipt of this decision, and perfects a review in accordance with the Act and Rules, then this decision shall be entered as the decision of the Commission.

STATEMENT OF INTEREST RATE If the Commission reviews this award, interest of _____ % shall accrue from the date listed below to the day before the date of payment; however, if an employee's appeal results in either no change or a decrease in this award, interest shall not accrue.

Signature of arbitrator

Date